



State Of California  
California Commission On Teacher Credentialing  
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1900 Capitol Avenue  
Sacramento, CA 94244-2700

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(916) 445-7254 or (888) 921-2682  
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## VERIFICATION OF EXPERIENCE

If experience is a requirement for your credential, please have the experience verified by your current and/or previous employer using this form. You only need to verify experience that is appropriate for the issuance of this credential. If you have served in more than one position for a single employer, have a separate form completed for each position that you held.

► Do not mail this form directly to the Commission separate from the application.

This is to certify that: \_\_\_\_\_  
(Name of Applicant)

has served satisfactorily from: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

in the position of: \_\_\_\_\_  
(Check one) ☐ Teacher  
☐ Education Specialist  
☐ Resource Specialist  
☐ Administrator  
☐ Counselor  
☐ Other (specify): \_\_\_\_\_

in the following grade or level: \_\_\_\_\_

in the area or subject of: \_\_\_\_\_

☐ Full-time  
☐ Part-time (specify): \_\_\_\_\_ hours/day \_\_\_\_\_ days/week  
☐ Day-to-Day Substitute

School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Verified by: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_